

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Tarara et al.	Group Art Unit: 1611
Application No: 09/886,296	Examiner: Welter, Rachael E.
Confirmation No: 6348	Attorney Docket No: 53250-US-CNT[3]
Filed: June 21, 2001	September 30, 2011
Title: ENGINEERED PARTICLES AND METHODS OF USE	San Francisco, CA 94107

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450	Extension of Time <input type="checkbox"/> Applicant requests an extension of time under 37 C.F.R. 1.136		
Via EFS <input checked="" type="checkbox"/> Request for Consideration after Appeal <input type="checkbox"/> Response to Restriction/Election Requirement <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings (Formal) <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Preliminary Amendment	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input type="checkbox"/> One Month	\$150.00	\$75.00
	<input type="checkbox"/> Two Months	\$560.00	\$280.00
	<input type="checkbox"/> Three Months	\$1,270.00	\$635.00
	Total \$ 0.00		
	<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	44	44	0	\$60.00	\$30.00	\$0.00
Independent Claims	2	2	0	\$250.00	\$125.00	\$0.00
Multiple Dependent Claims			0	\$450.00	\$225.00	\$0.00
Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension of Time	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .	
Terminal Disclaimer	\$160.00	and/or	
Total	\$160.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
<input type="checkbox"/> Attached is check no. _____ in the sum of <u>\$0.00</u> . <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <u>\$160.00</u> .		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: NOVARTIS Corporate Intellectual Property One Health Plaza 101/2 East Hanover, NJ 07936-1080	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to (571) 273-8300, or electronically submitted via EFS on the date shown below:		Respectfully Submitted,	
By: <u>Amey Wells</u>	Date: <u>September 30, 2011</u>	By: <u>Guy V. Tucker</u>	Date: <u>September 30, 2011</u>
		Registration No. 45,302	